

Announced Care Inspection Report 19 November 2018



Crescent Dental Health

Type of service: Independent Hospital (IH) – Dental Treatment

Address: 10 Lower Crescent, Belfast, BT7 1NR

Tel no: 028 9024 6311

Inspector: Gerry Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



In respect of dental practices for the 2018/19 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of medical emergencies
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- review of areas for improvement from the last inspection

2.0 Profile of service

This is a registered dental practice with two registered places providing NHS and private dental treatment. The dental practice is also registered to provide laser services.

Lasers

Manufacturer: Biolase
 Model: Epic 10 Diode Laser
 Serial Number: 81503143
 Laser Class: 4
 Output Wavelength: 940nm (invisible infra-red)

Manufacturer: Biolase
 Model: Waterlase iplus
 Serial Number: 72150224
 Laser Class: 4
 Output Wavelength: 2780nm (invisible infra-red)

Laser Protection Advisor (LPA) - Simon Wharmby (Lasersafe)

Medical Support Services - Not applicable

Laser Protection Supervisor (LPS) - Mr James Hurson

Authorised Operators - Mr James Hurson

Type of Treatments Provided

The Waterlase iplus is an all tissue laser that can be used on hard and soft tissue effectively to aid in a wide range of treatments; from treatment of gum disease to root filling, restorations and minor surgery.

The Biolase epic10 is a soft tissue laser and will be used for Low Level Laser Therapy (LLLT) as an adjunct to treatment to improve healing and provide pain relief.

3.0 Service details

Organisation/Registered Person: Mr James Hurson	Registered Manager: Mr James Hurson
Person in charge at the time of inspection: Mr James Hurson	Date manager registered: 03 December 2012

Categories of care: Independent Hospital (IH) – Dental Treatment PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	Number of registered places: Two
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4.0 Action/enforcement taken following the most recent inspection dated 26 March 2018

The most recent inspection of the establishment was an announced care inspection. The completed quality improvement plan (QIP) was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 26 March 2018

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 15.3 Stated: First time	<p>The registered person shall ensure that the safeguarding lead and staff complete formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).</p> <hr/> <p>Action taken as confirmed during the inspection: A review of documentation and discussion with Mr Hurson confirmed that he, as the safeguarding lead, and staff completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016), in June 2018.</p>	Met

Area for improvement 2 Ref: Standard 15.3 Stated: First time	The registered person shall devise two separate policies for adult safeguarding and safeguarding children and young people which should fully reflect current safeguarding guidance.	Met
	Action taken as confirmed during the inspection: A review of the policies and discussion with Mr Hurson confirmed that two separate policies for adult safeguarding and safeguarding children and young people have been devised and are fully reflect current safeguarding guidance.	
Area for improvement 3 Ref: Standard 14.4 Stated: First time	The registered person shall ensure that the radiology equipment is serviced and maintained in accordance with manufacturer's instructions and records retained of same.	Met
	A review of records confirmed that the radiology equipment was serviced in March 2018 following the RQIA inspection	
Area for improvement 4 Ref: Standard 14.4 Stated: First time	The registered person shall ensure that the laser equipment is serviced and maintained in line with the manufacturers' guidance and records retained of same.	Met
	A review of records confirmed that the laser equipment was serviced in May 2018 and maintained in line with the manufacturers' guidance.	
Area for improvement 5 Ref: Standard 14.4 Stated: First time	The registered person shall devise a written incident policy which should include that notifiable events are investigated and reported to RQIA or other relevant bodies as appropriate.	Met
	A review of documentation and discussion with Mr Hurson confirmed that a written incident policy has been devised which states that notifiable events are investigated and reported to RQIA or other relevant bodies as appropriate.	

5.0 Inspection findings

An announced inspection took place on 19 November 2018 from 11.30 to 13.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011).

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Hurson, registered person and the practice manager. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Hurson at the conclusion of the inspection.

5.1 Management of medical emergencies

Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. The most recent occasion staff completed medical emergency refresher training was during February 2018.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

Areas of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed that this dental practice takes a proactive approach to this key patient safety area. This includes ensuring that staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.2 Infection prevention and control

Infection prevention and control (IPC)

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas were clean, tidy and uncluttered.

The practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning, the use of personal protective equipment, hand hygiene practice, and waste and sharps management.

A review of the most recent IPS audit, completed during November 2018 evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

The audits are carried out by Mr Hurson who confirmed that any learning identified as a result of these audits is shared immediately with all staff and discussed at the staff meetings.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities and during discussion with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given high priority. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.3 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

The processes in respect of the decontamination of reusable dental instruments are being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

As previously discussed the most recent IPS audit, completed during November 2018 evidenced that the audit had been completed in a meaningful manner and had identified any areas of good practice.

Arrangements were in place to ensure that staff receive training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

A review of current practice evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

Appropriate equipment, including a washer disinfector, two steam sterilisers and a DAC Universal, has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Staff are aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. It was confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

Areas of good practice

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has two surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

Mr Hurson as the radiation protection supervisor (RPS) was aware of the most recent changes to the legislation surrounding radiology and radiation safety and a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. Mr Hurson regularly reviews the information contained within the file to ensure that it is current.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA in April 2018 demonstrated that any recommendations made have been addressed.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Mr Hurson takes a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.5 Laser safety

There is a laser safety file in place. Laser procedures are undertaken solely by Mr Hurson who has extensive knowledge in the use of the dental laser systems. Laser treatment protocols have been developed by Mr Hurson to reflect the treatments undertaken and include:

- contraindications
- technique
- pre-treatment tests
- pre-treatment care
- post-treatment care
- recognition of treatment-related problems
- procedure if anything goes wrong with treatment
- permitted variation on machine variables
- procedure in the event of equipment failure

There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis.

The establishment has local rules in place which have been developed by their LPA on 10 June 2016. Systems are in place to review the local rules every three years.

The local rules cover:

- potential hazards associated with intense pulsed light
- controlled and safe access
- authorised operators' responsibilities
- methods of safe working
- safety checks
- personal protective equipment
- prevention of use by unauthorised persons
- adverse incident procedures

The name of the person who has overall on-site responsibility for safety during laser treatments is recorded within the local rules.

Laser operators are authorised to use the equipment and a register of authorised operators is maintained.

Mr Hurson is the only authorised operator and he has signed to state that he has read and understood the local rules.

The establishment has a laser register which is completed every time the equipment is operated and includes:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

Mr Hurson and staff confirmed a health questionnaire and consent form is completed with all patients and retained within their individual care records.

Both lasers are located in surgery one, which was found to be controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

A laser safety warning sign was provided on the door of surgery one, to be displayed when the laser is in use and removed when not in use as described within the local rules.

When the equipment is in use, the safety of all persons in the controlled area is the responsibility of Mr Hurson, LPS. The entrance door to surgery one has a suitable lock in place which allows the room to be accessed in the event of an emergency.

Protective eyewear was available for the patient, operator and dental nurse as outlined in the local rules.

Arrangements are in place for the safe custody of the laser key for the Waterlase iplus, the laser key was observed to be stored safely and securely during the inspection. The Biolase epic10 is keypad operated with password protection.

A review of records confirmed that the laser equipment was serviced in May 2018 and maintained in line with the manufacturers' guidance.

5.6 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mr Hurson confirmed that the equality data collected was managed in line with best practice.

5.7 Patient and staff views

Ten patients submitted questionnaire responses to RQIA. They all indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care. No comments were provided in the submitted questionnaires.

Staff were invited to complete an on-line questionnaire. No staff questionnaire responses were received by RQIA.

5.8 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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